DOCUMENT RESUME

ED 234 312 CG 016 906

AUTHOR Piotrowski, Chris; Keller, John W.
TITLE Psychodiagnostic Testing in APA-Approved Clinical Psychology Programs.
PUB DATE Mar 83
NOTE 19p.; Paper presented at the Annual Meeting of the Southeastern Psychological Association (29th, Atlanta, GA, March 23-26, 1983). For related document, see CG 016 905.
PUB TYPE Reports - Research/Technical (143) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Clinical Psychology; Counselor Educators; *Counselor Training; *Diagnostic Tests; *Doctoral Programs; Higher Education; *Personality Assessment; Personality Measures; *Projective Measures; *Psychological Testing; Psychologists

ABSTRACT

The utility and popularity of psychodiagnostic testing has been investigated in applied clinical settings, but little data exist concerning academicians' attitudes toward psychological testing. To assess attitudes toward psychodiagnostic training in doctoral, clinical psychology programs, all fully APA-approved (American Psychological Association) clinical psychology training programs in the United States and Canada (N=113) received an 8-item questionnaire; 80 of the programs completed the survey for a 71 percent response rate. The survey results, based on 78 usable responses, showed that the majority of clinical programs are considered eclectic. Equal emphasis was assigned to coursework in projective and objective assessment. However, 46 percent saw projective assessment as decreasing; only 1 percent of the respondents rated objective assessment as decreasing. The findings support the utility of academic preparation in personality assessment in general, and also show that instruction in projective techniques is valued. (WAS)

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Paper presented at the meeting of the Southeastern Psychological Association, Atlanta, March 1983

ED234312

Psychodiagnostic Testing in APA-Approved Clinical Psychology Programs

Chris Piotrowski and John W. Keller

University of West Florida

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Running head: Psychodiagnostic Testing

Abstract

What are the current practices regarding psychodiagnostic training in the academic setting? A questionnare was sent to all fully APA-Approved clinical psychology programs in the U.S. and Canada. Of the 113 programs 80 returned the questionnaire for a 71% response rate. Projective techniques were seen as declining in status and not supported by research. However, many respondents supported required coursework and familiarity with projectives. Objective approaches were viewed favorably in terms of academic preparation, future emphasis, and research credibility. Apparent inconsistencies in the results were discussed, and the findings were compared with those of prior surveys.

Psychodiagnostic Testing in APA-Approved Doctoral Clinical Psychology Programs

The role of psychodiagnostics has been actively debated over the past several decades. Usually the controversy centers on the actual utility of psychological testing, particularly, with assessment of personality. Proponents (Holt, 1967; Ivnik, 1977; Klopfer & Taulbee, 1976; Korchin & Schuldberg, 1981; Levy & Fox, 1975; Rabin, 1981; Rapaport, Gill, & Schafer, 1968; Small, 1972; Weiner, 1972) claim that despite the criticisms and shortcomings, psychological testing is a helpful and expected function of professional psychologists. With equal intensity, opponents (Bersoff, 1973; Breger, 1968; Cleveland, 1976) claim that psychodiagnostic measures have inadequate validity and poor predictive utility, in addition to dehumanizing the testee. These criticisms are most frequently directed at various projective techniques.

The extent of psychological test usage in applied clinical settings has been extensively studied in both national (Brown & McGuire, 1976; Lubin, Wallis & Paine, 1971; Sundberg, 1961) and regional (Piotrowski & Keller, 1978) surveys. The data yielded strong support for the usefulness of psychological testing. Not only were intelligence and objective personality measures popular, but projective techniques were also used on a regular basis. Moreover, these trends have also been supported in surveys of clinical psychologists (Wade & Baker, 1977; Wade, Baker, Morton, & Baker, 1978), and professional clinicians in private practice (Hinkle, Nelson, & Miller, 1968).

While the popularity of psychodiagnostics has been investigated in applied clinical settings, very little data are available on academicians' attitudes toward psychological testing. Thelen, Varble, and Johnson (1968) found that the majority of clinical psychologists in academic settings viewed the use and importance of projective techniques as being in a state of decline. Other respondents, however, indicated that they favored requiring coursework on projectives, because projective assessment is considered an important and expected function of the clinician. These findings were recently supported in a survey on trends in psychological testing, (Keller & Piotrowski, Note 1); however, the study involved masters level counseling programs. Shemberg and Kelley (1970), in surveying Ph.D. clinical programs found an increase in emphasis in training with objective approaches. Furthermore, the value of psychodiagnostics was appraised most negatively by more recent programs. This was most evident with projective techniques. Thelen and Ewing (1970) obtained attitudes of academic clinical psychologists toward a number of critical issues in clinical psychology, and found that psychodiagnostic training was expected to decline in future usefulness.

More than a decade has elapsed since these surveys of academic clinical psychologists were undertaken; thus, a current appraisal of attitudes toward psychological assessment seems warranted. The purpose of the present survey was to assess attitudes toward psychodiagnostic testing in APA-approved doctoral clinical psychology programs.

Method

The population in this survey were all (N = 113) fully APA-approved clinical psychology training programs (American Psychologist, December 1981) in the U.S. and Canada. The survey form consisted of eight questions

pertaining to psychodiagnostic testing. Several of the questions approximate those posed by Thelen et al., (1968). In addition to the questionnaire, an addendum section afforded respondents the opportunity to make any comments. A cover letter with a one-page questionnaire was forwarded to the director of each clinical program in late August 1982. A follow-up inquiry was made one month later to those programs which failed to respond. Of the 113 programs 80 returned the questionnaire for a 71 percent rate of response.

Results and Discussions

Data from 78 respondents were usable. Thus, percentages were calculated based on a total of 78. Below are the eight survey questions with the percentage of respondents giving the designated response.

1. Orientation of the clinical program. eclectic (62%), behavioral (11%), cognitive-behavioral (8%), eclectic-behavioral (4%), psychodynamic (4%), other (3%).

2. (a) Number of courses <u>required</u> in projective personality assessment. 0 = (21%), ½ = (21%), 1 = (47%), 2 = (5%).

   (b) Number of courses <u>required</u> in objective personality assessment. 0 = (17%), ½ = (25%), 1 = (45%), 2 = (4%).

   (c) Number of courses <u>required</u> in individual intelligence assessment. 0 = (6%), ½ = (18%), 1 = (67%), 2 = (5%).

3. (a) Do you see projective personality assessment--increasing (9%), remaining the same (44%), decreasing (46%), in the academic setting in the near future.

   (b) Do you see objective personality assessment--increasing (36%), remaining the same (62%), decreasing (1%), in the academic setting in the near future.

(c) Do you see individual intelligence assessment--increasing (9%), remaining the same (86%), decreasing (4%) in the academic setting in the near future.

4. In your opinion, with what five projective tests should the clinical Ph.D. candidate be familiar, (percent indicates test as one of five mentioned), Thematic Apperception Test (85%); Rorschach (83%); Sentence Completion (53%); Human Figure Drawings (26%); Bender-Gestalt Test (17%); Childrens Apperception Test (10%); House-Tree-Person (8%); Holtzman Inkblot Technique (5%); Word Association (4%).

5. In your opinion, with what five objective personality measures should the clinical Ph.D. candidate be familiar. (percent indicates test as one of five mentioned), Minnesota Multiphasic Personality Inventory (94%); California Psychological Inventory (49%); 16 Personality Factor Questionnaire (19%); Depression Inventories (15%); Anxiety Inventories (13%); Eysenck (9%); Edwards Personal Preference Schedule (8%); Personality Research Form (8%); Locus of Control (7%).

6. In performing an assessment of personality, would you include individual intelligence tests as part of the battery. yes (37%); sometimes (58%); no (3%).

7. To your best knowledge, which personality measure is most frequently used in Ph.D. clinical dissertations in your program. Minnesota Multiphasic Personality Inventory (49%); Rorschach (5%); responses for all other measures were negligible.

8. (a) Based on research findings, do you feel that the extent of projective test usage in various applied clinical settings is warranted. yes (22%); somewhat (23%); no (51%).

(b) Based on research findings, do you feel that the extent of objective personality test usage in various applied clinical settings is warranted. yes (58%); somewhat (33%); no (8%).

Item 1 indicated that the majority of clinical programs are considered eclectic. Whether such a categorization is the result of convenience or actual departmental diversity is uncertain. Twenty-three percent of the programs were deemed either strictly behavioral, cognitive-behavioral, or eclectic-behavioral. Perhaps this is a reflection on the current neo-behavioral zeitgeist in academic psychology (Goldfried, 1979; Goldfried & Kent, 1972; Meichenbaum, 1976; Schultz, 1981). The strictly psychodynamic orientation of the post-war era has apparently diminished with only a 4 percent response rate. No mention was made of an exclusive humanistic orientation, which seems more popular in traditional counseling programs (Smith, 1982).

Equal emphasis was assigned to coursework in projective and objective assessment (Item 2), with half of the respondents indicating one required course in each area. This finding seems to counter the findings of Thelen et al., (1968) and Shemberg & Kelley, (1970) both of which indicated a deemphasis on projectives with a shift toward objective personality assessment. A fourth of the respondents indicated a half a course on both projective and objective assessment. Evidently, in such programs only one personality assessment course was required which covered both projective and objective measures. Two-thirds of the respondents required one course in individual intelligence assessment (Item 2c.). Items 2 tapped only required coursework. No attempt was made to evaluate assessment areas that were offered as electives in the clinical curriculum.

Item 3 attempted to obtain the emphasis likely to be given to projective versus objective measures in the near future in the academic setting. Forty-six percent of the respondents saw projective assessment as decreasing while 9 percent saw projective assessment increasing. On the other hand, objective assessment was rated as decreasing by only 1 percent of the respondents and increasing by 36 percent. This finding supports the results obtained in the Thelen et al, (1968) survey where 75 percent of the respondents indicated a decline in the value of projective tests; conversely, 56 percent of the Thelen et al., sample indicated an increase in the use and importance placed on non-projective assessment. The apparent inconsistency between Item 2 and Item 3 perhaps reflect academic clinicians positive attitudes toward objective measures while at the same time signifying a need for training in projectives for reasons such as utility as clinical and teaching tools. Item 3c seemed to show the apparent popularity of IQ testing, although its implementation in personality assessment remains nebulous. This popularity has progressed unabated despite past controversy over mental testing (Cronbach, 1975).

In spite of the apparent eventual demise of projective testing (Item 3), over 50 percent of the respondents indicated that the TAT, Rorschach, and Sentence Completion tests were diagnostic instruments with which the Ph.D. candidate should be familiar (Item 4). Of the five objective measures with which the Ph.D. clinician should be familiar (Item 5), the MMPI was heavily favored followed by the CPI, 16 PF, Depression and Anxiety Inventories. Locus of control scales in personality research were one of the measures mentioned frequently. The MMPI has commanded both psychometric and professional respect based on standardized scoring, objectivity, and high criterion validity.

The importance of including IQ testing results as part of the assessment of personality was indicated in Item 6. Whether the IQ protocol is actually utilized for signs of personality trait patterns (Blatt & Allison, 1981) was not ascertained.

Test usage in clinical dissertations was investigated. Item 7, indicated the overwhelming popularity of the MMPI. This could probably be attributed to its psychometric and psychodiagnostic credibility. Also, the Rorschach was found not to be a popular research tool which confirmed clinical faculty attitude toward the Rorschach as a poor research instrument (Ritzler & Del Gaudio, 1976). Surprisingly, no other projective or objective instruments were considered popular as research tools. Apparently, each clinical faculty member has his or her personal preference for personality measures to be used in dissertations.

Critics of psychodiagnostics have been quick to point out the psychometric shortcomings of personality measures, especially projective techniques; Item 8 seemed to support their contention. Only 22 percent of the respondents felt that research findings warrant projective test usage in applied clinical settings. The majority (51%) felt negative in this regard. On the other hand, 58 percent felt that objective measures were supported by research findings, while 8 percent did not. This contention was also supported in the Thelen et al., (1968) survey, with 62 percent of the respondents stating that research generally is unsupportive of projective techniques. This loss of prestige for projectives based on poor research results has been well documented (Cleveland, 1976; Jensen, 1964; Lewandowski & Saccuzzo, 1976; Swenson, 1968).

Of interest, 4 of the 78 respondents, in the addendum section, alluded to the implementation of neuropsychological assessment in clinical training. Perhaps, this interest reflects current emphasis in clinical neuropsychology

and neurochemical pathology (Isaac & McCaffrey, Note 2; Regan, 1970; Reitan, 1976; Restak, 1979). Also, several respondents mentioned that behavioral assessment techniques could have been treated separately from objective personality measures.

Conclusions

The projected demise of psychodiagnostic testing as purported in recent years seems to have been premature. The current survey not only supports the utility of academic preparation in personality assessment, in general, but also values instruction on projective techniques. However, the extent of the clinical efficacy of projectives remains unclear. As stated by one respondent,

> Much of the decline in projective test usage has been due to inadequate basic training in the universities. People who do not really know testing, nor who have had extensive clinical experience are often assigned to teach these courses. They cannot extract the rich clinical information contained in a test battery, cannot do blind analyses, and as a result cannot teach or lead the students adequately in this area. Consequently, the utility of these tests has been underestimated since they are often used improperly or superficially without the extensive and intensive training and experience needed for their appropriate application.

Although academic clinicians realize the importance, whether theoretical or applied, of psychodiagnostics the emphasis in training seems to be on objective personality measures. Thus, many clinical programs have stressed the diagnostic validity of non-projective assessment (Goldfried, 1979; Ross, 1974), which

include objective tests, personality scales, behavioral measures, psychophysiological methods and cognitive approaches (Goldfried & Sprafkin, 1974; Sarason, 1972). Possibly, this "comprehensive" approach is an outgrowth of the "eclectic" persuasion in many clinical programs. One can but speculate why psychodiagnostic testing, for better or worse, has not completely fallen into disrepute. Perhaps, academic clinicians have a need to maintain an image of "psychological tester" in clinical students. This is due to the fact that psychological testing has long been the province of the clinical psychologist. In this regard, clinical faculty, regardless of personal persuasion, are acutely aware of employment demands in internship (Garfield & Kurtz, 1973; McCully, 1965) and clinical settings (Levy & Fox, 1976). Furthermore, an "investment" model interpretation has its merits; after 60 years of dedication to various assessment instruments, could we have been completely wrong? Surely, there must be some utility after all that training, research, and service. On the other hand, the apparent increasing emphasis on objective assessment seems to reflect the need for psychometric precision and empirical purity which have long been the basis for criticism of projectives. In this regard, it has been noted that test usage and popularity does not necessarily warrant psychometric credibility (Reynolds & Sundberg, 1976). Perhaps this trend reflects the recent approach toward "reassessment" of the assets and liabilities of diagnostic psychological testing (Cleveland, 1976; Ivnik, 1977; Korchin & Schuldberg, 1981; Lewandowski & Sacuzzo, 1976), and personality assessment (Hogan, DeSoto, & Solano, 1977). As stated by Korchin & Schuldberg, (1981),

> Is clinical assessment alive and well? Alive, without doubt, though only in moderate, but we believe improving, health. Long buffeted by critics and beset by professional, social, and economic problems, assessment has surely fallen

> from its former high estate. The need for assessment in clinical practice, research, and training seems evident to us. New conceptions and forms are emerging as clinical psychology generally becomes more pluralistic in theory, methods, and services. All of this speaks of a renewed vitality.

The role of diagnostician and psychotherapist has long been an integral part of the function of the clinical psychologist, regardless of theoretical persuasion, and the main function has been to "help those in distress." Thus, the assessment of the person has been crucial in understanding and hopefully alleviating the "problem." Psychodiagnostic testing has been one approach toward that end. Apparently, it still is.

Reference Notes

1. Keller, J. W. & Piotrowski, C. Psychological testing: Trends in masters level counseling training programs. Paper presented at the meeting of the Southeastern Psychological Association, Atlanta, March 1983.

2. Issac, W. & McCaffrey, R. J. The current status of clinical neuropsychological training offered through fully accredited APA-approved programs. Paper presented at the meeting of the Southeastern Psychological Association, Atlanta, March 1983.

References

Bersoff, D. N. Silk purses into sow's ears: The decline of psychological testing and a suggestion for its redemption. American Psychologist, 1973, 28, 892-899.

Blatt, S. J. & Allison, J. The intelligence test in personality assessment. In A. I. Rabin (Ed.), Assessment with projective techniques: A concise introduction. New York: Springer, 1981.

Breger, L. Psychological testing: Treatment and research implications. Journal of Consulting and Clinical Psychology, 1968, 32, 176-181.

Brown, W. R., & McGuire, J. M. Current psychological assessment practices. Professional Psychology, 1976, 7, 475-484.

Cleveland, S. E. Reflections on the rise and fall of psychodiagnosis. Professional Psychology, 1976, 7, 309-318.

Cronbach, L. J. Five decades of public controversy over mental testing. American Psychologist, 1975, 30, 1-14.

Garfield, S. L., & Kurtz, R. M. Attitudes toward training in diagnostic testing: A survey of directors of internship training. Journal of Consulting and Clinical Psychology, 1973, 40, 350-355.

Goldfried, M. R. Behavioral assessment: Where do we go from here? Behavioral Assessment, 1979, 1, 19-22.

Goldfried, M. R., & Kent, R. N. Traditional vs. behavioral personality assessment: A comparison of methodological and theoretical assumptions. Psychological Bulletin, 1972, 77, 409-420.

Goldfried, M. R., & Sprafkin, J. N. Behavioral personality assessment. Morristown, N. J.: General Learning Press, 1974.

Hinkle, J. E., Nelson, S. E. & Miller, D. Psychological test usage by psychologist psychotherapists in private practice. Psychotherapy: Theory, Research, and Practice, 1968, 5, 210-213.

Hogan, R., DeSoto, C. B., & Solano, C. Traits, tests, and personality research. American Psychologist, 1977, 32, 255-264.

Holt, R. R. Diagnostic testing: Present situation and future prospects. Journal of Nervous and Mental Disease, 1967, 144, 444-465.

Ivnik, R. J. Uncertain status of psychological tests in clinical psychology. Professional Psychology, 1977, 8, 206-213.

Jensen, A. R. The Rorschach technique: A re-evaluation. Acta Psychologica 1964, 22, 60-77.

Klopfer, W. G., & Taulbee, E. S. Projective tests. Annual Review of Psychology, 1976, 27, 543-567.

Korchin, S. J., & Schuldberg, D. The future of clinical assessment. American Psychologist, 1981, 36, 1147-1158.

Levy, M. R., & Fox, H. M. Psychological testing is alive and well. Professional Psychology, 1975, 6, 420-424.

Lewandowski, D. G., & Saccuzzo, D. P. The decline of psychological testing. Professional Psychology, 1976, 7, 177-184.

Lubin, B., Wallis, R. R., & Paine, C. Patterns of psychological test usage in the United States: 1935-1969. Professional Psychology, 1971, 2, 70-74.

McCully, R. S. Current attitudes about projective techniques in APA approved internship centers. Journal of Projective Techniques and Personality Assessment, 1965, 29, 271-280.

Meichenbaum, D. H. A cognitive-behavior modification approach to assessment. In M. Hersen & A. S. Bellack (Eds.), Behavioral assessment: A practical handbook. New York: Pergamon Press, 1976.

Piotrowski, C. & Keller, J. W. Psychological test usage in Southeastern outpatient mental health facilities in 1975. Professional Psychology, 1978, 9, 63-67.

Rabin, A. I. (Ed.). Assessment with projective techniques. New York: Springer, 1981.

Rapaport, D., Gill, M. M., Schafer, R. In R. R. Holt (Ed.), Diagnostic psychological testing (Revised ed.). New York: International Universities Press, 1968.

Regan, D. Electrical responses evoked from the human brain. Scientific American, 1979, 241, 134-146.

Reitan, R. M. Neurological and physiological bases of psychopathology. Annual Review of Psychology, 1976, 27, 189-216.

Restak, R. M. Brain potentials: Signaling our inner thoughts. Psychology Today, March 1979, pp. 42-54; 90.

Reynolds, W. M., & Sundberg, N. D. Recent research trends in testing. Journal of Personality Assessment, 1976, 40, 228-233.

Ritzler, B. A. & Del Gaudio, A. C. A survey of Rorschach teaching in APA-approved clinical graduate programs. Journal of Personality Assessment, 1976, 40, 451-453.

Ross, A. O. Diagnostic testing in a behaviorally oriented clinical training program. The Clinical Psychologist, 1974, 28, 16-18.

Sarason, I. G. Personality: An objective approach (2nd ed.). New York: Wiley, 1972.

Schultz, D. A history of modern psychology. New York: Academic Press, 1981.

Shemberg, K., & Kelley, S. Psychodiagnostic training in the academic setting: Past and present. Journal of Consulting and Clinical Psychology, 1970, 34, 205-211.

Small, L. The uncommon importance of psychodiagnosis. Professional Psychology, 1972, 3, 111-119.

Smith, D. Trends in counseling and psychotherapy. American Psychologist, 1982, 37, 802-809.

Sundberg, N. D. The practice of psychological testing in clinical services in the United States. American Psychologist, 1961, 16, 79-83.

Swenson, C. H. Empirical evaluations of human figure drawing. Psychological Bulletin, 1968, 70, 20-44.

Thelen, M.H., & Ewing, D. R. Roles, functions, and training in clinical psychology: A survey of academic clincians. American Psychologist, 1970, 25, 550-554.

Thelen, M. H., Varble, D. L., & Johnson, J. Attitudes of academic clinical psychologists toward projective techniques. American Psychologist, 1968, 23, 517-521.

Wade, T. C., & Baker, T. B. Opinions and use of psychological tests: A survey of clinical psychologists. American Psychologist, 1977, 32, 874-882.

Wade, T. C., Baker, T. B., Morton, T. L., & Baker, L. J. The status of psychological testing in clinical psychology: Relationships between test use and professional activities and orientations. Journal of Personality Assessment, 1978, 42, 3-10.

Weiner, I. B. Does psychodiagnosis have a future? Journal of Personality Assessment, 1972, 36, 534-546.

Footnotes

This paper was presented at the Meeting of the Southeastern Psychological Association, Atlanta, March 1983. We thank Frances Y. Dunham, Dave Redfering, and Bill Mikulas for their comments on the manuscript. Appreciation is extended to Sue Smith for her outstanding secretarial assistance.

Requests for reprints should be sent to Chris Piotrowski, Department of Psychology, University of West Florida, Pensacola, Florida, 32514.